

Sheet 1 of 2

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM 120-875)							SERIAL NO. 281837459	FILING DATE 4/18/97
							APPLICANT(S) 9/24/04	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						61	
2	/						62	
3	/						63	
4		/					64	
5		/					65	
6		5					66	
7	/						67	
8		/					68	
9	/						69	
10		/					70	
11	/						71	
12		/					72	
13	/						73	
14		/					74	
15	/						75	
16		/					76	
17		/					77	
18	/						78	
19	/						79	
20		/					80	
21		/					81	
22		/					82	
23	/						83	
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25		/					85	
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27	/						87	
28	/						88	
29		/					89	
30		/					90	
31		/					91	
32		/					92	
33	/						93	
34		/					94	
35		/					95	
36		/					96	
37		/					97	
38		/					98	
39	/						99	
40		/					100	
41		/						
42		/						
43		/						
44		/						
45	/							
46	/							
47	/							
48		/						
49		/						
50		/						
TOTAL IND.	117						TOTAL IND.	
TOTAL DEP.	37						TOTAL DEP.	4
TOTAL CLAIMS	54						TOTAL CLAIMS	38

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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Sheet 2 of 2

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